

**DECLARATION AND POWER OF ATTORNEY  
UNDER 35 USC §371(c)(4) FOR  
PCT APPLICATION FOR UNITED STATES PATENT**

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: A Method and Device for Determining Acoustical Transfer Impedance

described and claimed in international application number PCT/DK2004/000269 filed April 14, 2004.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

Danish Patent Application No. PA 2003 00589 filed April 15, 2003

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

As a named inventor, I hereby appoint the patent practitioners associated with Oliff & Berridge, PLC Customer No. 25944 as attorneys of record to prosecute this application and all continuations and divisions thereof, and to transact all business in the Patent and Trademark Office.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NO. 25944. TELEPHONE: (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	<b>Typewritten Full Name of Sole or First Inventor</b>	Klaus GEIGER		
		Given Name	Middle Initial	Family Name
2	<b>Inventor's Signature:</b>	<i>K. Geiger</i>		
3	<b>Date of Signature:</b>	10	20	2005
		Month	Day	Year
	<b>Residence:</b>	Heubach		GERMANY
		City	State or Province	Country
	<b>Citizenship:</b>	German		
	<b>Post Office Address:</b>	Nelkenstrasse 23, D-73540		
	<b>(Insert complete mailing address, including country)</b>	Heubach, GERMANY		

**Note to Inventor:** Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

**IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒**  
(Discard this page in a sole inventor application)

1 **Typewritten Full Name of Joint Inventor** Christian Given Name Middle Initial GLANDIER Family Name

2 **Inventor's Signature:** *[Signature]*

3 **Date of Signature:** 17/10/2005  
Month Day Year

Residence: Esslingen City State or Province GERMANY Country

Citizenship: German

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1 **Typewritten Full Name of Joint Inventor** Rolf Given Name Middle Initial HELBER Family Name

2 **Inventor's Signature:** *[Signature]*

3 **Date of Signature:** 17.10.2005  
Month Day Year

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1 **Typewritten Full Name of Joint Inventor**

2 **Inventor's Signature:**

3 **Date of Signature:**

Month Day Year

Residence: City State or Province Country

Citizenship:

Post Office Address: (Insert complete mailing address, including country)

1 **Typewritten Full Name of Joint Inventor**

2 **Inventor's Signature:**

3 **Date of Signature:**

Month Day Year

Residence: City State or Province Country

Citizenship:

Post Office Address: (Insert complete mailing address, including country)

**Note to Inventor:** Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

**This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.**